

HOSPITAL ADMISSION NOTE
OF DISCHARGE SUMMARY

700861

40-009

NAME	DR. J.. Carpenter	ROOM NO.	HOSP. NO. S-60
ADMITTED 4-14-80	DISCHARGED 6-24-80	FROM	TO FFTH
		NEW HOSP NO.	

FINAL DIAGNOSIS: Functioning colostomy.
 Former diverticulosis and diverticulitis, sigmoid colon, with obstruction.

SURGICAL PROCEDURE & DATE:

PLEASE COMPLETE THIS FORM IN FOLLOWING ORDER:

History, Physical Findings, Laboratory & X-ray Data, Course and Disposition

83-year-old lady who has previously undergone a transverse colostomy for obstructing sigmoid diverticulitis followed by a sigmoid resection. Her convalescence from these two procedures has been satisfactory. Check x-rays have revealed a widely patent anastomosis site. She is admitted to the acute care Hospital for closure of her transverse colostomy.

Physical examination is unchanged from previous admission. Patient is an elderly female who is mildly but pleasantly confused.

Head:	Symmetrical. No tumors or tenderness.
Eyes:	Pupils round, regular and equal; react to light and accommodation. EOM's normal.
Nose & Mouth:	Negative. Teeth in fair repair. Pharynx benign.
Neck:	No adenopathy. Thyroid not enlarged.
Chest:	Symmetrical.
Lungs:	Clear.
Breasts:	Negative.
Heart:	Rate and rhythm normal. No murmurs.
Abdomen:	Healthy colostomy in l.u.q. Lower abdominal midline incision of former sigmoid resection. No organs or masses palpable.
Extremities:	Peripheral pulses diminished but present. Reflexes equal and active.

PLAN: Admission for closure of this colostomy to complete this patient's operative course.

Estimated LOS: 5-7 days.